## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-02	287			
Estimated average burden					
nours per response	<b>.</b>	0.5			

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Ì	pe Response															
Name and Address of Reporting Person*  Romano Sarah				2. Issuer Name and Ticker or Trading Symbol EYEGATE PHARMACEUTICALS INC [EYEG]								5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director X Officer (give title below)  Other (specify below)				
(Last) (First) (Middle) C/O EYEGATE PHARMACEUTICALS, INC., 271 WAVERLEY OAKS ROAD, SUITE 108				3. Date of Earliest Transaction (Month/Day/Year) 07/02/2021									Chie	f Financial	Officer	
(Street) WALTHAM, MA 02452				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed 3. Transa Execution Date, if Code		(A) or Disposed of				· · · · · · · · · · · · · · · · · · ·			Ownership Form: Direct (D)	Beneficial Ownership				
						Code	V	Amou		A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		07/02/2021			F <sup>(1)</sup>		180	D		\$ 3.7	23,396 D				
Reminder:	Report on a s	separate line fo	r each class of securi	Derivative Se			Pers con the	sons wi tained i form di	ho re in thi	is forr ys a c	n are urrei	not requality valid	ction of inf uired to res OMB conf	spond unle	ess	C 1474 (9-02)
1		1		e.g., puts, ca	lls, wa	rrants, o	ptions	s, conve	rtible	securi	ities)		•	1		
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		(Month/Day/Year) any (Month/I		4. Transa Code (Instr. :	23) I	Number a		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	derlying urities str. 3 and Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi y: (Instr. 4)	
				Code	V	(A) (D)		e rcisable		iration	Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Romano Sarah							
C/O EYEGATE PHARMACEUTICALS, INC.			Chief Eineneiel Officer				
271 WAVERLEY OAKS ROAD, SUITE 108			Chief Financial Officer				
WALTHAM, MA 02452							

### Signatures

/s/ Sarah Romano	07/06/2021
**Signature of Reporting Person	Date

#### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Sale of shares to cover taxes due on restricted stock that vested on 07/01/2021.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.